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1644NOTICE OF APPEAL FROM THE EXAMINER

TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant:

Francis A. Ennis

Application No.: 09/159,172 Group: 1644

Filed: September 23, 1998 Examiner: Saunders, D. A.

Confirmation No.: 4830

For: PREDICTIVE ASSAY FOR IMMUNE RESPONSE

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

April 28, 2004 Jenine Crump  
Date Signature

Jenine Crump  
Typed or printed name of person signing certificate

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated October 28, 2003 of the Examiner finally rejecting claims 24-35. The item(s) checked below are appropriate:

1.  Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated October 28, 2003 for three months from January 28, 2004 to April 28, 2004.
2.  A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.
3.  [ ] Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
3.  A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/> Extension of Time for three months	\$ <u>950</u>
<input type="checkbox"/> Additional Extension of Time:	
Fee for Extension ([ ] mo.)	\$ _____
Less fee paid ([ ] mo.)	\$ _____
Balance of fee due	\$ <u>0</u>
<input checked="" type="checkbox"/> Notice of Appeal	\$ <u>330</u>
<input type="checkbox"/> Other _____	\$ _____
	TOTAL \$ <u>1280</u>

## 5. The method of payment for the total fees is as follows:

A check in the amount of \$1280.00 is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Anne J. Collins  
 Anne J. Collins  
 Registration No.: 40,564  
 Telephone: (978) 341-0036  
 Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date:

*April 28, 2014*